

DEPARTMENT OF SOCIAL SERVICES

P Street, Sacramento, CA 95814

6) 323-0282



October 24, 1985

ALL-COUNTY LETTER NO. 85-109

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY AUDITORS
ALL COUNTY FISCAL OFFICERS
ALL COUNTY ADMINISTRATIVE SERVICES OFFICERS

SUBJECT: ASSISTANCE CLAIMING INSTRUCTIONS FOR AID TO FAMILIES WITH DEPENDENT CHILDREN - FOSTER CARE (AFDC-FC) AND EMERGENCY ASSISTANCE - FOSTER CARE (EA-FC)

The purpose of this letter is to issue revised claiming instructions for Aid to Families with Dependent Children - Foster Care (AFDC-FC) and Emergency Assistance - Foster Care (EA-FC) assistance payments.

1. Payments in Excess of the State Set Rate

Effective November 1, 1985, AFDC-FC and EA-FC payments that include amounts not eligible for federal and/or state financial participation must be paid out of county only funds, written on a separate warrant, and not reflected on the payroll and/or the summary documents. For federally eligible foster children in Group Homes, federal financial participation (FFP) is allowable for basic care costs that exceed the state set rate ceiling; therefore, the entire payment may be paid out of foster care funds and reported on the federal foster care claim. See Item 3a below on where to claim this cost. Any questions regarding the basic care level in excess of the state set rate for Group Homes should be directed to the Foster Care Rate Setting Bureau at (916) 323-1263 or ATSS 473-1263. Please note: Only the non-profit facilities on the AFDC-FC Group Home Rate Listing that have 100 percent basic costs may have additional basic costs above the state set rate.

2. Suggested Alpha Identification Code for Home Finding Agencies and Clothing Allowances

Effective July 1986, it will be necessary to identify payments made to home finding agencies with an alpha identification code HF, or other SDSS approved code in the aid payroll. Any payment including a clothing allowance must also be identified in the aid payroll with an alpha identification code CE or other SDSS approved code.

3. Forms Changes

The first four forms listed have been revised. In addition to the revised forms, the CA 800 FC.2 has been created. Samples of the forms have been attached for your reference. Counties should receive one pad of each form

when the forms are printed. Subsequent to the initial printing, stock will be available by order from the State Department of Social Services warehouse.

- o CA 800 FC (Fed) (Revised)
- o CA 800A FC (Nonfed) (Revised)
- o SOC 800 (Revised)
- o CA 800 FC.1 (Fed) (Revised)
- o CA 800 FC.2 (Fed) (New)

These forms should be used beginning with the November 1985 assistance claims.

a. CA 800 FC (Fed) (10/85)

Line 13A has been designated to reflect the amounts not reimbursable from federal funds. Social Worker Services and Nonfederal Other amounts not reimbursable from federal funds are to be reflected on this line.

Line 14A is to reflect the amount not reimbursable from state funds. Enter the total payment made for basic care costs that are not allowable for state participation because of the state set rate ceiling on this line.

Lines 18 and 19 have been reserved for state use only. It is no longer required to identify social worker services on these lines. The state and county funding of this activity is now included on line 15.

b. CA 800A FC (Nonfed) (10/85)

Social Worker Services and Nonfederal Other costs are no longer required to be separately identified on this form. The lines which had been used to identify these costs have been eliminated.

Lines 16 and 17 are to be reserved for state use only. Again, it is no longer necessary to reflect social worker services on these lines.

c. SOC 800 (10/85)

Line 13 has been designated to reflect the amount not reimbursable from federal funds. Nonfederal Other amounts should be reflected on this line. (Social Worker Services is allowable for FFP in the Emergency Assistance - Foster Care program.)

d. CA 800 FC.1 (Fed) (10/85)

The AFDC-FC Facility Expenditure Statement (FES) (CA 800 FC.1) (Fed) has been revised. Sections C, D, and E, column 2 should reflect the state set rate from the AFDC-FC Group Home Rate Listing regardless if the county is making payment at a basic care level above

the state set rate. The Social Worker Services and Nonfederal Other percentages reflected on the AFDC-FC Group Home Rate Listing are based on the state set rate. Column B should reflect the program number from the AFDC-FC Group Home Rate Listing. Totals must be provided on the bottom of each page and a grand total must be provided on the last page. Enter the grand total of column 5, Section C or the grand total of column 5, Sections C and E on line 13A on the CA 800 FC (Federal).

e. CA 800A FC.1 (Nonfed)

The AFDC-FC Facility Expenditure Statement (FES) (CA 800A FC.1) (Nonfed) has been eliminated. It is also no longer required to separately identify Social Worker Services and Nonfederal Other costs on the Summary Report of Assistance Expenditures - Nonfederal Children in Foster Family Homes and Institutions (CA 800A FC) (Nonfed).

f. CA 800 FC.2 (Fed) (9/85)

The CA 800 FC.2 has been designed to report the amount not reimbursable from state funds. In addition to facility name, case name should also be reported in column A. Column B should reflect program number from the AFDC-FC Group Home Rate Listing and case number.

Column 2, Sections C, D, and E should reflect the total amount paid, including the total amount paid above the state rate when the payment in excess of the set rate has been made for basic costs.

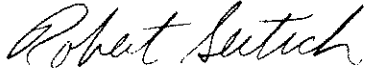
The amounts reported in column 3, Sections C, D, and E should reflect the total amount of the payment made on behalf of federally eligible foster care children that is not eligible for state participation. Example: The state set rate is \$2,000. The basic care amount is \$2,300. The county is paying the provider \$2,300. The \$300 should be entered in column 3. Totals must be provided on the bottom of each page and a grand total must be provided on the last page. Enter the grand total of column 5, Section C or the grand total of column 5, Sections C and E on line 14A on the CA 800 FC (Federal).

4. Adjusted and Revised Prior Period Claims

Effective immediately, it is no longer necessary to submit adjusted and revised prior period claims. If revisions are necessary to correctly report Social Worker Services, Nonfederal Other amounts, and/or amounts not reimbursable from state funds; the amounts originally claimed, the

revised amounts, and the adjusted amounts should be reflected on the CA 800 FC.1 (Fed) and/or the CA 800 FC.2 (Fed). The adjusted amounts should be reported on the current claim rather than submitting a prior period claim.

Any questions regarding these claiming instructions should be directed to Cheryl Woolman at (916) 323-0282.



ROBERT T. SERTICH
Deputy Director
Administration

Attachments

cc: CWDA

**SUMMARY REPORT OF ASSISTANCE EXPENDITURES -
FEDERAL CHILDREN IN FOSTER CARE**

(Instructions on Reverse Side of Form)

For State Use

☐ DSS☐ County Welfare☐ County Auditor

COUNTY

DATE (MONTH, YEAR)

PERSONS COUNT		B. AMOUNTS		SOURCE DOCUMENTS			
				1. Main Payroll			
				2. Current Month Supplemental Payroll			
()	()			3. Current Month Cancellation Contra Roll			
				5. Prior Months Supplemental Payroll			
				6. Subtotal (reconciliation totals)			
()	()			7. Prior Months Cancellation Contra Roll			
()	()			8. Abatements			
				9. Schedule of Adjustments (show minus items in parentheses)			
				10. Subtotals (Lines 7, 8, 9)			
				DSS Office Audit Corrections (State use only)			
				12. TOTAL			
		13. Amount not Reimbursable from Federal Funds.					
		14. Amount not Reimbursable from State Funds.					
				C FEDERAL (Line 12B minus Line 13A) x .5	D STATE (Line 12B minus Line 15A minus Line 15C) x .95	E COUNTY (Line 12B minus Line 15C minus Line 15D)	
		15. Line 14A x .5					
		B.					15.
REPAYMENTS	()	()	()	()	()	()	16.
GRAND TOTALS							17.
	(Lines 12B and 16B)	(Lines 15C and 16C)	(Lines 15D and 16D)	(Lines 15E and 16E)			18.
							19.
FUNERAL COSTS (11-405.2)							20.
(FOR COUNTY USE)	PERS. CTS.						21.
							22.

I HEREBY CERTIFY, under penalty of perjury, that I am the official responsible for the administration of Aid to Families with Dependent Children in and for aforesaid county; that I have not violated any of the provisions of Sections 1090 to 1096, inclusive, of the Government Code; that the aid payments, aid repayments and adjustments reflected herein have been made in accordance with all provisions of the Welfare and Institutions Code and the rules and regulations of the Department of Social Services.

I HEREBY CERTIFY, under penalty of perjury, that I am the officer in aforesaid county responsible for the examination and settlement of accounts; that I have not violated any of the provisions of Sections 1090 to 1096, inclusive, of the Government Code; that the amounts claimed herein are in accordance with authorizations for Aid to Families with Dependent Children made by the county; that said amounts correctly reflect Federal, State and County Shares in the aid payments claimed and that warrants therefore have been issued according to law and the rules and regulations of the Department of Social Services.

SIGNATURE OF COUNTY WELFARE DIRECTOR

DATE

SIGNATURE OF COUNTY AUDITOR OR CONTROLLER

DATE

INSTRUCTIONS FOR USE OF FORM CA 800 FC (FEDERAL)

1. Enter county name and month and year of claim in space provided.
2. Complete Lines 1 through 5 and 7 through 9 in accordance with the amounts shown on the integrated payroll summary (for nonintegrated payrolls enter grand totals shown for each payroll or contra roll). All money amounts on the Form CA 800 FC (Federal) may be rounded to the nearer dollar. **Note:** Line 4 (Zero Grant Persons Count) has been deleted because under the AFDC-FC Program there is no provision for reducing a grant to zero to recover a previous overpayment.
3. Enter the subtotals in Lines 6 and 10 and the totals in Line 12.
4. Line 13A - Enter the net amount not reimbursable from federal funds.
(Example: Social worker services, interest on original acquisition mortgages and costs incurred for leasebacks in accordance with the AFDC-Foster Care Group Home Rate Listing).
5. Line 14A - Enter the amount not reimbursable from state funds.
(Example: Total payment made for basic costs above the state set rate which is not allowable for state participation because of the state rate ceiling.)
6. Line 15A - Enter the total nonfederal share of the payment made for basic costs above the state set rate which is not allowable for state participation because of the state rate ceiling (Line 14A x .5).
7. Line 15C - Enter the federal share: total aid paid (12B) minus the amount not reimbursable from federal funds (13A) multiplied by 50 percent.
8. Line 15D - Enter the state share: total aid paid (12B) minus the total nonfederal share of the payment made for basic costs above the state set rate which is not allowable for state participation because of the state rate ceiling (15A) minus federal share (15C) multiplied by 95 percent.
9. Line 15E - Enter the county share: total aid paid (12B) minus federal share (15C) minus state share (15D).
10. Line 16 - Enter the total repayments as reported on the Repayment Contra Roll.
11. Line 17 - Enter grand totals.
12. Lines 18 and 19 - Reserved for state use.
13. Line 20 - To be used for claiming of reimbursement for funeral costs for foster care children in accordance with MPP Handbook Section 11-405.2 (see also MPP Handbook Section 25-753).
14. Lines 21 and 22 - Included at county request and use is optional. If adjustments are reported in Line 9 which affect total aid paid, this space may be used for reconciling total expenditures as reported by the welfare department with the county auditor's records of expenditures.

For State Use ☐ DSS ☐ County Welfare ☐ County Auditor

COUNTY	DATE (MONTH, YEAR)
--------	--------------------

es) **CS
X
M
P
L
E**

		C STATE (Line 12B x .95)	D COUNTY (Line 12B minus Line 13C)	
REPAYMENTS	()	()	()	13.
GRAND TOTALS	(Lines 12B and 14B)	(Lines 13C and 14C)	(Lines 13D and 14D)	14.
				15.
				16.
FUNERAL COSTS (11-405.2)				17.
(FOR COUNTY USE)	PERS. CTS.			18.
				19.
				20.

I HEREBY CERTIFY, under penalty of perjury, that I am the officer in aforesaid county responsible for the examination and settlement of accounts; that I have not violated any of the provisions of Sections 1090 to 1096, inclusive, of the Government Code; that the amounts claimed herein are in accordance with authorizations for Aid to Families with Dependent Children made by the county; that said amounts correctly reflect State and County Shares in the aid payments claimed and that warrants therefore have been issued according to law and the rules and regulations of the Department of Social Services.

DATE _____

INSTRUCTIONS FOR USE OF FORM CA 800A FC (NONFEDERAL)

1. Enter county name and month and year of claim in space provided.
2. Complete Lines 1 through 5 and 7 through 9 in accordance with the amounts shown on the integrated payroll summary (for nonintegrated payrolls enter grand totals shown for each payroll or contra roll). All money amounts on the Form CA 800A FC (Non-Federal) may be rounded to the nearer dollar. **Note:** Line 4 (Zero Grant Persons Count) has been deleted because under the AFDC-FC Program there is no provision for reducing a grant to zero to recover a previous overpayment.
3. Enter the subtotals in Lines 6 and 10 and the totals in Line 12.
4. Line 13C - Enter the state share: total aid paid (12B) multiplied by 95 percent
5. Line 13D - Enter the county share: total aid paid (12B) minus state share (13C).
6. Line 14 - Enter the total repayments as reported on the Repayment Contra Roll.
7. Line 15 - Enter grand totals.
8. Lines 16 and 17 - Reserved for State Use.
9. Line 18 - To be used for claiming of reimbursement for funeral costs for foster care children in accordance with EAS Manual Section 11-405.2 (see also Fiscal Handbook Section 25-753).
10. Lines 19 and 20 - Included at county request and use is optional. If adjustments are reported in Line 9 which affect total aid paid, this space may be used for reconciling total expenditures as reported by the welfare department with the county auditor's records of expenditures.

SAMPLE

**SUMMARY REPORT OF ASSISTANCE EXPENDITURES
EMERGENCY ASSISTANCE - FOSTER CARE****STATE USE ONLY**☐ DSS ☐ County Welfare☐ County Auditor

DATE (MONTH, YEAR)

COUNTY

(Instructions on Reverse side of Form.)

A PERSONS COUNT	B AMOUNTS
()	()
()	()
()	()

1. Main Payroll.
2. Current Month Supplemental Payroll.
3. Current Month Cancellation Contra Roll.
5. Prior Months Supplemental Payroll.
6. **Subtotal** (Reconciliation Totals).
7. Prior Months Cancellation Contra Roll.
8. Abatements.
9. Schedule of Adjustments. (Show Minus Items in Parentheses.)
10. **Subtotals** (Lines 7, 8, 9).
11. DSS Office Audit Corrections (For State Use Only).
12. **Total.**

13. Amounts not Reimbursable from Federal Funds

14. Amount not Reimbursable from State Funds

**D
FEDERAL**

(LINE 12B MINUS LINE 13A) x 5

**E
STATE**(LINE 12B MINUS LINE 14A
MINUS LINE 15D) x 5**F
COUNTY**(LINE 12B MINUS LINE 15D
MINUS LINE 15E)

15. Line 14A x 5

C

16. Repayments

17. **Grand Totals**

(FOR STATE USE)

(Line 12B and Line 16C)

(Line 15D and Line 16D)

(Line 15E and Line 16E)

(Line 15F and Line 16F)

18.

19.

(FOR COUNTY USE)

20.

21.

I HEREBY CERTIFY, under penalty of perjury, that I am the official responsible for the administration of Emergency Assistance in and for aforesaid county; that I have not violated any of the provisions of Sections 1090 to 1096, inclusive, of the Government Code; that the aid payments, aid repayments and adjustments reflected herein have been made in accordance with all provisions of the Welfare and Institutions Code and rules and regulations of the Department of Social Services.

I HEREBY CERTIFY, under penalty of perjury, that I am the officer in aforesaid county responsible for the examination and settlement of accounts; that I have not violated any of the provisions of Sections 1090 to 1096, inclusive, of the Government Code; that the amounts claimed herein are in accordance with authorizations for Emergency Assistance made by the county; that said amounts correctly reflect Federal, State and County Shares in the aid payments claimed and that warrants therefore have been issued according to law and the rules and regulations of the Department of Social Services.

SIGNATURE OF COUNTY WELFARE DIRECTOR

DATE

SIGNATURE OF COUNTY AUDITOR OR CONTROLLER

DATE

INSTRUCTIONS FOR USE OF FORM SOC 800

1. Enter county name, month and year of claim in space provided.
2. Complete Lines 1 through 5 and 7 through 9 in accordance with the amounts shown on the integrated payroll summary. *(For nonintegrated payrolls, enter grand totals shown for each payroll or contra roll.)* All money amounts on this form may be rounded to the nearer dollar.
3. Enter the subtotals in Lines 6 and 10 and the total in Line 12.
4. Line 13A - Enter the net amount not reimbursable from federal funds (Example: Non Federal Other Amounts in accordance with The AFDC-Foster Care Group Home Rate Listing.)
5. Line 14A - Enter the amount not reimbursable from state funds. (Example: Total payment made for basic costs above the state set rate which is not allowable for state participation because of the state rate ceiling.)
6. Line 15A - Enter the total nonfederal share of the payment made for basic costs above the state set rate which is not allowable for state participation because of the state rate ceiling (Line 14A x .5).
7. Line 15D - Enter the federal share in Line 15D: total aid paid (Line 12B) minus amounts not reimbursable from federal funds (Line 13A) multiplied by 50 percent.
8. Line 15E - Enter the state share in Line 15E: total aid paid (Line 12B) minus the nonfederal share of the payment made for basic costs above the state set rate which is not allowable for state participation because of the state rate ceiling (Line 15A) minus federal share (Line 15D) multiplied by 95 percent.
9. Line 15F - Enter the county share in Line 15F: total aid paid (Line 12B) minus federal share (Line 15D) minus state share (Line 15E).
10. Line 16C - Enter the total repayments as reported on the Repayment Contra Roll.
11. Line 16D, E and F. - Enter federal, state and county shares of repayments determined in accordance with the federal, state, and county EA repayment sharing ratios.
12. Line 17 - Enter Grand Totals.
13. Line 18 and 19 - Reserved for the application of adjustments made by the state *(federal and/or state field audit exceptions, etc.)*
14. Lines 20 and 21 - Included at county request and use is optional.

SAMPLE

**FOSTER CARE FACILITY EXPENDITURE STATEMENT
AMOUNTS NOT REIMBURSABLE FROM FEDERAL FUNDS**

Page _____ of _____
Check one
 AFDC-FC ☐
 EA-FC ☐

[illegible]

INSTRUCTIONS FOR USE OF FORM CA 800 FC. 1 (Fed)

1. Enter county name, facility name, program number, page number, month and year in the spaces provided, and check the program designation block.
2. Lines C1, D1, E1 — Enter persons count for payments coded E. It is to be used for payments that include Nonfed other amounts and/or social worker services in accordance with the AFDC-FC Group Home Rate Listing.)
3. Line C2, D2, E2 — Enter the amount paid (Do not enter any amounts in these columns for payments above the state set rate. Social worker services and Nonfed other percentages should be applied to the set rate.)
4. Lines C3, D3, E3 — Enter the social worker services percentage from the AFDC-FC Group Home Rate Listing.
5. Lines C4, D4, E4 — Enter the Nonfed other percentage from the AFDC-FC Group Home Rate Listing.
6. Lines C5, D5, E5 — Enter the total social worker services/Nonfed other amounts: Column 2 multiplied by the total of columns 3 and 4.
7. Enter the subtotals for columns 2 and columns 5 on each page.
8. Enter the grand total for columns 2 and columns 5 on the last page.